

WHCOA Comments

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Hello!

I appreciate the invitation to address this conference on matters that are important to the health and well-being of older West Virginians, especially those that are more rural and isolated than many of us here today.

We know that chronic diseases place a particularly heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. In January of last year, our office issued a report entitled, *West Virginia Aging Health Status Report*, which documented the leading causes of death and disability in the West Virginia population over age 65. There were no real surprises in that report. It confirmed that heart disease is the leading killer of older women and men in West Virginia, followed by cancer, stroke, chronic lower respiratory disease, and diabetes.

While the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging. This report reinforces what has become very clear nationally, that unhealthy lifestyles contribute greatly to the primary causes of hospitalization and death these days, as contrasted with the flu, pneumonia, and acute infections of the early 1900s. Indeed, much of the illness, disability, and death associated with chronic disease is avoidable through known prevention measures. These include practicing a healthy lifestyle (e.g., regular physical activity, healthy eating, and avoiding tobacco use) and the use of early detection practices (e.g., screening for breast, cervical, and colorectal cancers, diabetes and its complications, and depression).

Critical knowledge gaps still exist for responding to the health needs of older adults. For chronic diseases and conditions such as Alzheimer's disease, arthritis, depression, psychiatric disorders, osteoporosis, Parkinson's disease, and urinary incontinence, much remains to be learned about their distribution in the population, associated risk factors, and effective measures to prevent or delay their onset.

We recently issued another report important to our older population, *Dementia-The Growing Crisis in West Virginia*. Everyone in this room is likely well acquainted with the leading statistics about dementia in our aging population. Alzheimer's disease accounts for 50% to 70% of all cases, and vascular dementia accounts for about 10% to 15% of cases. Risk factors for AD include age, gender (women), low educational achievement, learning disabilities, head injury early in life, coronary bypass surgery, and brain inflammation.

Evidence is mounting that both Alzheimer's and vascular dementia are influenced by the same behavioral risk factors as cardiovascular disease, which include smoking, high cholesterol, hypertension, physical inactivity, poor nutrition and diabetes.

It almost seems self-evident that the prevalence of both cardiovascular disease and the dementias could be reduced by providing people of **all** ages with greater access to healthier nutrition, increased physical activity, and greater exposure to social and intellectual stimulation. While we have a pretty good handle on how these opportunities would benefit older people, the question remains. How do we do it?

We need to continue to raise awareness and conduct the necessary research and surveillance that will provide the basis for not only good programs, but good policy. Within CDC's National Center for Chronic Disease Prevention and Health Promotion, the Healthy Aging Program serves as the focal point for older adult health. The Healthy Aging Program is engaged in several activities designed to provide a comprehensive approach to health promotion and disease prevention for older adults. In addition to supporting state programs such as those managed in our office, CDC also funds many programs that are helping communities reap the benefits of prevention research. For example, eight of CDC's Prevention Research Centers, including WVU, formed a Healthy Aging Research Network. We, at the WV Bureau for Public Health, are excited about what this research network will yield in terms of helping us more clearly delineate roles of public health in addressing physical activity and depression for older adults.

We also need to adopt best practices and approaches that have been proven to work, while, at the same time, have the willingness to invest in creative initiatives that have promise for the future. Additionally, far too many programs are either age-specific or disease-specific and actually hinder cross-discipline "thinking" and programming. Adaptation of the chronic disease management approach for comprehensively managing health currently underway in a number of states, including West Virginia, holds significant promise for radically changing the way we deal with health care.

In summary, what really matters is what happens in our communities, in our health care settings, our senior centers, our community centers, our churches, our newspapers - wherever there is an opportunity to encourage and support healthy aging. West Virginia is fortunate to have a number of networks in place that already serve our aging population. By using what we already have and collaborating extensively with each other in smarter ways, we can surely make a difference for our aging West Virginians that will have lasting value.

Thank you.